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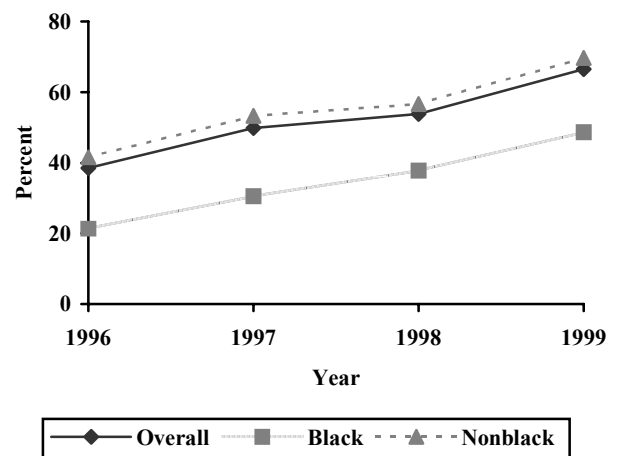
- Use of infant supine (back) sleeping position rose 75% between 1996 and 1999
- Back placement varied according to maternal age, education, and income
- Black women were 1.9 times less likely to choose the supine sleeping position for their infants than women of other races

Infant Sleeping Position in Michigan, 1996-1999

Sudden Infant Death Syndrome (SIDS) ranks third among the leading causes of infant death in the United States. One of the strongest risk factors associated with SIDS is the prone (stomach) infant sleeping position. In Michigan, the Pregnancy Risk Assessment Monitoring System (PRAMS) is an important instrument used to assess infant sleeping placement practices. Mothers who respond to PRAMS are asked, "How do you put your new baby down to sleep **most** of the time?", and may select "on the side," "on the stomach," or "on the back" as a response.

The proportion of Michigan mothers who chose the safer supine (back) sleeping position for their infants rose from 38.5 percent to 66.6 percent during the study period — an impressive 75 percent increase between the years 1996 and 1999 (Fig. 1). This increase may be due in part to the national "Back To Sleep" campaign initiated in 1994. The campaign is sponsored by the National Institute of Child Health and

Figure 1. Back Infant Sleeping Position in Michigan by Race, 1996-1999



Human Development (NICHD), the Maternal and Child Health Bureau, the American Academy of Pediatrics, the SIDS Alliance, and the Association of SIDS and Infant Mortality Programs. The campaign includes dissemination of information pertaining to sleeping position and SIDS for parents, child caregivers, and health care professionals.

Infant sleeping position practices throughout the four year period generally varied among different groups of women in

Michigan. For instance, older mothers were more likely to use the supine position. Whereas 55.2 percent of mothers 30 years and older used that position, only 52.1 percent of mothers between the ages of 20 and 29 years and 43.2 percent of mothers younger than 20 years did the same. Likewise, women who have attained higher levels of education were most likely to use the supine sleeping position for their infants. Among mothers with greater than a high school education 57.5 percent

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What Have We Learned About Sudden Infant Death?

- *SIDS, the acronym for Sudden Infant Death Syndrome, is defined as the sudden, unexplained death of an infant under the age of 1 year which remains unexplained after a complete post mortem examination, including an autopsy, death scene investigation, and clinical history.*
- *SIDS is a diagnosis of exclusion. If the autopsy, death scene investigation, or history disclose any other cause of death, it is not SIDS.*
- *Although SIDS used to be called "crib death," cribs do not cause SIDS. SIDS is not caused by infant immunizations, choking, or aspiration. SIDS is not hereditary or contagious.*
- *We understand SIDS differently today than we did 10 years ago. Because we are collecting more comprehensive information about the death scene and the history, we know there are factors that increase the risk of or contribute to the death of an infant.*
- *Forensic pathologists indicate that SIDS cannot be distinguished from suffocation or positional asphyxia on autopsy.*
- *Information from death scene investigations links infant death with unsafe sleep practices such as prone (stomach) sleeping position, soft bedding and bedding materials, and bed sharing. Exposure to smoke is also a risk factor for infant death.*
- *The trend in SIDS deaths has been steadily decreasing since 1994 in Michigan and the U.S.*

"Back placement was less prevalent among mothers of lower socioeconomic status."

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chose the supine sleeping position, compared with 48.9 percent of mothers with a high school education and 40.4 percent of women with less than a high school education.

Back placement was less prevalent among mothers of lower socioeconomic status. For instance, 44.6 percent of women enrolled in WIC during pregnancy chose the supine sleeping position compared with 56.5 percent of women not on WIC. Women enrolled in Medicaid around the time of pregnancy and women with an annual income of less than \$10,000 were also the least likely to use the supine position (44 percent and 41 percent, respectively).

Despite the increase in use

of the supine sleeping position, a troublesome disparity in the practice has persistently remained between black and nonblack women in Michigan (Fig. 1). Generally, black women were 1.9 times less likely to use the supine sleeping position than women of other races. This association was significant even after controlling for the effects of age, education, and income. Among black women, education and, to a lesser extent, income remained significantly associated with supine placement after controlling for age.

In response to the racial disparity, NICHD and partners implemented a special component of their "Back To Sleep" program in October 1999. The goal of

the new project is to enhance awareness of SIDS and infant sleeping safety through community-based measures.

The Michigan SIDS Alliance, in collaboration with the Michigan Department of Community Health, has created culturally sensitive materials to promote "Back to Sleep" and other safe sleep practices. Readers who would like to order these materials can call (800) 331-7437. These materials are also available through the Alliance's website at, <http://www.misids.org>.

Common Concerns Regarding Use of the Back Sleeping Position

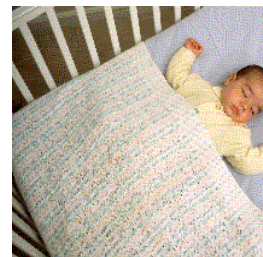
- Back position is best for babies' sleep. Mothers sometimes want to use the side position over the back position, particularly if their infants are having trouble sleeping on their backs. Although side is safer than the prone (stomach) position, it is not as protective as the back position because the infant may easily roll from its side to its stomach. Infants will usually acclimate to a position if used consistently in the first months of life.
- Though the baby may temporarily acquire flat spots from sleeping on its back, they generally disappear after the baby begins sitting up. Mothers may turn the baby's head in different directions when putting it down to sleep or alternate the direction of the infant in relation to outside activity in order to avoid flat spots.
- No evidence exists to indicate that babies who sleep on their backs are at increased risk of fatal aspiration.
- The only exceptions that may be made to this recommendation are for infants with conditions that may compromise their breathing, such as babies with symptomatic gastro-esophageal reflux or upper airway malformations (e.g. Robin syndrome). The mother should discuss sleeping position choices with a physician in these circumstances, although if the side is used, the baby's underside arm may be extended forward to lessen the risk of rolling forward.

-from the National Institute of Child Health & Human Development, "Questions and Answers for Professionals on Infant Sleeping Position and SIDS," http://www.nichd.nih.gov/sids/sids_qa.htm

How can SIDS be prevented?

New or expecting mothers should be notified of the following recommendations to reduce the likelihood of SIDS:

- The infant should always be placed on his or her back to sleep. Concerns that typically arise from this recommendation are addressed above.
- The crib should be equipped with a firm crib mattress and tightly fitting sheet. There should be no extraneous soft bedding material in the crib, such as quilts, pillows, or loose blankets. If a blanket is used, it should not lie higher than the baby's chest and should be tucked snugly into the sides of the mattress (see photo, right).
- Steps should be taken to ensure that the baby will not become overheated during sleep. His or her clothing should be comfortable and should not be layered any more heavily than the clothing of others in the same living space.
- The baby should be breastfed. Breastfeeding has many advantages over bottle feeding in preventing diseases and promoting the health of the baby.
- If the infant shares a bed with others, some precautions should be taken to ensure that he or she is not in danger of accidental suffocation. The baby should be positioned on its back in a way that prevents him or her from falling off the bed or becoming trapped in crevices. There should be no loose blankets or bedding materials on the bed and the mattress should be firm.
- The infant should not be exposed to cigarette or any other smoke.



Proper infant sleeping position



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PRAMS OVERVIEW

PRAMS (Pregnancy Risk Assessment and Monitoring System) is a population based survey of maternal experiences and behaviors before and during a woman's pregnancy and during early infancy of her child. African-American women and women who deliver low birth weight infants are over-sampled in order to ensure more accurate estimates. Each year, approximately 1,000-3,000 new mothers are randomly selected from a frame of eligible birth certificates. A survey is mailed out to the women at two to six months after delivery, followed by telephone reminders to those who have not responded. In addition to the mailed surveys, a stratified systematic sample of African-American mothers is selected from six inner-city hospitals, where an initial interview is conducted followed by a mailed survey two to six months later. This is so we can better capture the experiences among African-American mothers and their infants. The results presented are weighted to represent all of Michigan's mothers and infants.

***MI PRAMS Delivery* has a new editor!!**

Melissa Reznar, MPH, is the new editor of *MI PRAMS Delivery*. A recent graduate of the University of Michigan School of Public Health, Melissa will be responsible for maintaining, analyzing, and disseminating data obtained from the PRAMS survey in Michigan.

SUGGESTED CITATION

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